

UNITED STATES DISTRICT COURT

FILED
TIME

for the

SOUTHERN DISTRICT OF OHIO

OCT 12 2021

RICHARD W. NAGEL, Clerk of Court
COLUMBUS, OHIO

JESSICA THOMAS

Case No.

2:21CV 5023

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

Judge Graham

MAGISTRATE JUDGE VASCURA

COLUMBUS CITY SCHOOLS
(COLUMBUS BOARD OF EDUCATION)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	JESSICA THOMAS
Street Address	1440 KOHR PLACE
City and County	COLUMBUS, FRANKLIN COUNTY
State and Zip Code	OHIO 43211
Telephone Number	380-210-8570
E-mail Address	JESSICAT23236868@PROTONMAIL.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name COLUMBUS CITY SCHOOLS (Columbus Board of Educati
Job or Title (if known)
Street Address 270 EAST STATE STREET
City and County COLUMBUS, FRANKLIN COUNTY
State and Zip Code OHIO 43215
Telephone Number 614-365-5000
E-mail Address (if known)

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name Columbus Board of Education
 Street Address 270 East State Street
 City and County Columbus, OH / Franklin County
 State and Zip Code Ohio 43215
 Telephone Number 380-210-8570

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (check all that apply):



Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)



Other federal law (specify the federal law):

FMLA (Family Medical Leave Act)

Relevant state law (specify, if known):



Relevant city or county law (specify, if known):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☐ Failure to hire me.
☐ Termination of my employment.
☐ Failure to promote me.
☒ Failure to accommodate my disability.
☒ Unequal terms and conditions of my employment.
☐ Retaliation.
☒ Other acts (specify):

*Violation of the Family Medical Leave Act:
failure to return me to my position or a
alternate position after FMLA leave.*

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)
December 17, 2018 - March 4, 2019

C. I believe that defendant(s) (check one):

- ☒ is/are still committing these acts against me.
☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- ☐ race
☐ color
☐ gender/sex
☐ religion
☐ national origin
☐ age (year of birth) (only when asserting a claim of age discrimination.)
☒ disability or perceived disability (specify disability)
 Depression and/or Obsessive Compulsive Disorder (OCD)

E. The facts of my case are as follows. Attach additional pages if needed.

See Attachment A.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date) N/A - The EEOC instructed the plaintiff to file the complaint with the Department of Labor's Wage and Hour Division (DLWHD) due to the fact that that office did not have jurisdiction over FMLA complaints. The Plaintiff did that. The DLWHD said that they will not be investigating because they did not have the resources to investigate; their response is attached (see Attachment B).
- B. The Equal Employment Opportunity Commission (check one):
- ☐ has not issued a Notice of Right to Sue letter.
- ☐ issued a Notice of Right to Sue letter, which I received on (date) _____.
- (Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)
- ☒ N/A - The EEOC told me to file with the Department of Labor's Wage and Hour Division
- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

- ☐ 60 days or more have elapsed.
- ☐ less than 60 days have elapsed.
- ☒ N/A - The EEOC told me to file with the Department of Labor's Wage and Hour Division

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Damages and Demands: 1. Pain and suffering damages in the amount of \$1.8 million dollars (I have been seeing a psychological trauma clinician because of the defendant's acts for 9+months - at one point, a hospital stay was suggested by the clinician - I did not do this because it may affect future employment and because I did not have health insurance/couldn't financially afford it). 2. Loss of \$274.00 in gross wages per work day between June 1, 2020 and August 8, 2020 totaling \$13,700. 3. Losses accumulated from not longer being able to afford health insurance: pending and accumulating. 4. Loss of retirement/STRS account contributions during the unpaid leave of absence: approximately \$4,000. 5. Losses while on unpaid leave from January 16, 2019 to March 2, 2019: approximately \$4400. 6. Loss of paid sick time (I was unable to accrue sick time during the leave of absence): approximately \$600. 7. Front pay due to me not being able to secure a similar teaching position in the central Ohio area: The differential of \$142.90 x 260 work days = a differential annually until re-employed: \$37,128. 8. Loss of 142.80 gross wages per work day after becoming re-employed at Randstad on August 10, 2020: 4141.20. 9. Double the amount of damages related to the FMLA violation (this is in accordance with FMLA law) 10. Legal fees, court fees, other applicable fees: TBD. 11. Punitive damages for FMLA-related retaliatory behavior by the defendant in retaliation for making complaints about district administrator and receiving no resolution: \$600,000. See Attachment C.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 10/12/2021

Signature of Plaintiff

Printed Name of Plaintiff

Jessica Thomas

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address